

MFP Stakeholder Committee Minutes

Money Follows the Person Stakeholder Committee Minutes

Date: 09/10/2008

Time: 1pm-4: 20 pm CST

Location: Pioneer Room: Judicial Wing- State Capitol
Bismarck, North Dakota

Information Provided

- Stakeholder Committee Benchmark Requirements
- Benchmark # 4
- Stakeholder Committee Membership Listing
- Rebalancing Fund Spending Priorities Approved
- Copy of Memo sent to the 10 Benchmark Four County Social Services Directors and County HCBS Case Managers
- MFP Brochures
- Meeting PowerPoint Presentation

Minutes

Welcome/Introductions

Committee members were welcomed by Jake Reuter, MFP Program Administrator. Committee members introduced themselves and the new members of the Committee were recognized to include:

- Phyllis Howard, Health Disparities Office
- Aileen Jackson, New Town, Tribal Health Administrator
- Joan Ehrhardt, New State Long Term Care Ombudsman
- Wanda Carnes, Community Health Representative, Trenton
- Rocky Cofer, Dickinson/Beulah
- Jessica and Jason Cayko, McKenzie, County
- Larry Ruggles, Bismarck
- Randy Bear Ribs, Tribal Health, Fort Yates

Committee Responsibilities Review

The MFP Grant Objectives/Committee Purposes were reviewed to include the following responsibilities:

- Provide ongoing oversight and/or advice on State policy changes to achieve rebalancing.
- Monitor grants implementation progress.
- Monitor achievement of grant benchmarks.
- Suggest ways to improve program design or implementation.
- Participate in the design of the operational protocol (OP).
- The OP will serve as the grant implementation policy.
- Monitor OP implementation throughout the grant period.
- Educate consumers of rebalancing efforts.
- Provide information to the ADRC on available resources.
- Identify activities and services lacking in communities.

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- Develop a plan of action to enhance services in underserved areas of the state.

Grant Objectives:

- Rebalancing
- Money Follows The Person (Address Gaps and Barriers)
- Continuity Of Service
- Quality Assurance and Quality Improvement

Transitions:

The Committee was informed that the first two successful transitions funded by the grant occurred in August of 2008. Two men with developmental disabilities were assisted in transitioning from a community ICF/MR to an apartment based MSLA in Grand Forks, ND. The REM North Dakota provider agency and the NEHSC DD Case Management staff assisted with this transition.

Stakeholder Presentation

The new consumers/family members that have agreed to participate on the Committee and present at the meeting were introduced. Jessica and Jason Cayko were present and Jessica shared with the Committee the challenges she and her husband faced in finding and securing services in their home after her husband suffered a C2 spinal cord injury. Several of Jason and Jessica's family attend the meeting and shared their point of view on the challenges faced by the family in securing and providing ongoing support for Jason to remain living in their family home.

The Committee discussed at length the issues around access to services, service availability, payment for services, difficulty finding support staff including nursing staff, and the difficulty and delays in returning home that these barriers caused.

Linda Wright of Aging Services made the Committee aware of the decision by CMS not to fund the ND Grant proposal to develop an Aging and Disabilities Resource Center. This resulted in a great deal of discussion about the need to secure alternative funds to develop this service. The Committee recommended that the MFP Grant Program Administrator prepare a letter to Carol Olsen, the Director of the Department of Human Services, communicating the committee's recommendation that the Department request funding for the development of an Aging and Disabilities Resource Center during the next legislative session.

Tribal Community Services

Theresa Snyder, the ND Department of Human Services Tribal Liaison presented an overview of her initial evaluation of Long Term Care Continuum Services to ND's American Indian Population. Theresa indicated that in October of 2007 there were 130 American Indians in Skilled Nursing Facilities with an average age of 67.6 which includes an average age of males of 63 and of females of 72.1. She also reported that there were 15 American Indians living in Basic Care Facilities with an average age of

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55.6 for males and 66.8 for females. This compares to an average age of 85 for the total nursing facility population across the state.

Theresa indicated 258 American Indians are receiving some form of Home and Community Based services at this time. This is about 10% of all persons receiving Home and Community Based Services in the State. In addition about 389 individuals are registered for Older American Act services at this time. Theresa also noted that these numbers do not include the persons served by the Tribal Community Health Representatives.

Issues identified during discussion included:

- Many individuals would like to remain close to home but leave the area to receive Nursing Facility Care where it is available
- Concern about lack of full continuum of care services (Parshall, ND and New Town are the only Tribal Communities with a nursing/basic facility)
- Larger than would be expected number of younger American Indians living in Nursing and Basic Care Facilities
- Tribal service infrastructure is different from Reservation to Reservation (only two have a hospital)
- Medicaid funding for Community Health Representatives services was identified as a goal by Theresa
- Lack of utilization of available payment for services as Qualified Services Providers (QSPs)
- Concern about increasing numbers of single female elders (Grand Mothers) primarily responsible for raising family
- Question raised about need to provide specialized services closer to community of origin (Traumatic Brain Injury services were identified as one possibility)
- Concerns about displacement of elders creating fragmentation of family support when they are required to leave community to receive care in a nursing facility
- Difficult to identify the number of individuals that need but do not get services
- Mobridge, SD is the frequent choice of the Standing Rock Tribal Community members in need of Nursing Facility Care because of its high percentage of American Indian residents
- Medicaid Eligibility questioned due to lack of understanding of Tribal Land Trust assets by some eligibility staff.

It was agreed that it would be beneficial to meet with each Tribal Community separately to evaluate their individual needs and assess how the MFP grant process may be able to facilitate increased utilization. Theresa agreed to work with a committee to meet with each community. It was suggested that a county case manager participate on the community along with the HCBS Program Administrator and Aging Services Staff. The Community Health Representatives present indicated that they supported this type of action.

Reference is invited to attachments presented by Theresa Snyder for a full review of her presentation.

Benchmark Four Review and Plan Development

Benchmark four related to the development of a statewide education plan with the goal of increasing the utilization of home and community based services was reviewed with the Committee. The Committee's responsibility to develop a plan by 4/09 and implement the plan by 7/09 to educate consumers of rebalancing efforts, provide information to the ADRC on available resources (when developed), identify activities and services lacking in the community, and to develop a plan of action to enhance services in underserved areas of the state by 8/09 were reviewed.

The action need to reach the established goals were listed as increasing capacity to provide home and community based services, identifying potential individual consumer groups and professionals/service provides that need the information, developing the marketing/education strategies needed to accomplish the goals, and establishing short term and time specific goals and objectives.

It was agreed that the MFP Program Administrator would request input on each of these areas from committee members by email and present the finding during the next committee meeting. The committee also agreed to review the gaps and barriers action plan list prepared by the Goals and Benchmarks Workgroup and provide comments before the next meeting. No new committee was formed at this time to address this benchmark. It was also communicated that the Goals and Benchmarks Workgroup will be meeting in Kidder County on October 2nd at 1pm to begin discussion of that counties needs and potential action steps to increase the use of HCBS in that county as part of Benchmark Four implementation.

Rebalancing Fund Utilization Planning

The committee was asked to review the list of approved uses of the rebalancing fund for discussion at the next meeting.

Housing Development

The committee was made aware of the plans of the "Affordable Housing Investment Fund Alliance's" efforts to introduce legislation in the next session for the purpose of developing a Housing Trust Fund in ND.

Transition Coordination Services

The Committee was made aware the contracts with the Centers for Independent Living were finalized in September 2008. The committee was also made aware that referral letters had been set to all ND nursing facility social services professionals notifying them of any residents that were eligible for MFP services. The Center Transition Coordinators will be contacting all NF over the next several weeks to identify individuals that wish to participate in grant services.

Quality of Life Survey Provider

The Committee was made aware that DLN of Dickinson, ND was selected as the agency to complete the Quality of Life Survey required for all MFP participants. DLN completed training on the survey process and completed the first two surveys in August. Surveys are required prior to transition to the community, 11 months after transition, and 24 months after transition.

Nursing Backup Services Provider

The Committee was informed that U.S. Preventative Medicine was the agency selected to provide the 24 hour backup nursing service for all MFP participants. The agency began serving the first two MFP participants the day that they transitioned into the community.

Website Information

The MFP website will have the final Operational Protocol and forms on the site as soon as the web format has been approved.

Forms/Documents

The MFP forms and fact sheets are currently being worked on for use during the implementation phase of the grant

National MFP Training

CMS will fund the participation of one consumer at the National MFP conference in Baltimore in March of 2009. This will be discussed at the next meeting.

Operational Protocol Approval

The Committee was informed that CMS verbally approved North Dakota's Operational Protocol as of June 20, 2008 and that Formal approval was received on August 4, 2008. The recommend change to the benchmarks were briefly reviewed, the changes to the MFP brochures were discussed and provided to the committee. The need to increase the number of consumer/family members of the Stakeholder Committee was communicated.

Grant Training

The following training and marketing activities provided by the MFP Grant Program Administrator were communicated to the committee:

- Nursing Facility Social Services Professionals 6/08
- County Case Managers 6/08
- Developmental Disabilities Case Managers 6/08
- Transition Coordinators 5/08
- Developmental Disabilities Provider Agencies 7/08
- Long Term Care Association Convention 5/08
- ND Association of Community Facilities 4/08
- Great Plains Aging & Disabilities Conference 9/08

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Committee/Workgroup Meeting Schedule

Stakeholder Committee Meeting Schedule:

- October 20th - 1PM to 4:00 PM in the Pioneer Room -
- November 19th - 1PM to 4:00 PM in the Pioneer Room

Workgroup Meeting Schedule

- Benchmark/Goals: October 2, Time: 1pm-4pm-Steele
- Quality: October 27, Time 1pm-3pm, Bismarck, PHP

Addendum:

KFYR TV Station reporter and camera crew was present and prepared a new story on the MFP Grant.

KXMB TV Station reporter and camera crew was present at the MFP Stakeholder Committee Meeting and interviewed Jason and Jessica Cayko related to their experience in securing services.

Attachments:

North Dakota Money Follows the Person Stakeholder Committee

Date: September 5, 2008

Advocacy Groups/Consumers:

Joan Ehrhardt, ND DHS Aging Services, Ombudsman, jehrhardt@nd.gov

Linda Wurtz, AARP, lwurtz@aarp.org

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Judie Lee, IPAT, jlee@ndipat.org

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Leslie Stastny, ND Association for the Disabilities, lstastny@ndad.org

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Housing:

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Mike Zanhofsy, Burleigh County Housing Authority, mike@bchabis.com

Ann Pollert, Community Action, ndcaa@sendcaa.org

Care Providers:

Shelly Peterson, ND Long Term Care Association, Shelly@ndltca.org

Sharon Klein, Long Term Care Social Workers of North Dakota, sklein@mslcc.com

Tammy Theurer, ttheurer@primecare.org

Marcie Sjulstad, ND Association for Home Care, marcie.sjulstad@meritcare.com

Doug Wegh, Hettinger County Social Services, 21wegd@nd.gov

Diane Mortinson, Adult Services Community, 45mord@nd.gov

Jodie Fetsch, Custer Public Health District, ndcaa@sendcaa.org

Barbara Murry, ND Association of Community Facilities, barbndacf@btinet.net

Rhonda Heartfield, Bismarck Senior Center, bcsap@btinet.net

Marcia Gums, Anne Carlsen Center for Children, marcia.gums@annecenter.org

Aileen Jackson, Tribal Health, New Town, ajackson@mhanation.com

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Centers for Independent Living:

Royce Schultze, Dakota Center for Independent Living, royces@dakotacil.org

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Nate Aalgaard, Freedom Resource Center, natea@freedomrc.org

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Department of Human Services

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Lynne Jacobson, Aging Services, lsjacobson@nd.gov

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Sandy Arends, Regional Aging Services Coordinator, sarends@nd.gov

Theresa Snyder, DHS Tribal Liaison, tsnyder@nd.gov

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MFP STAKEHOLDER COMMITTEE

Benchmark #4

Primary Goal

Increase the number of individuals served in the community by Home and Community Based Services

Roles:

The MFP Stakeholder Committee will develop a community education plan by April 2009 to:

- To educate consumers of rebalancing efforts
 - a) Establish annual goals and objectives to educate consumers of rebalancing efforts
 - b) Provide information to the ADRC on available resources

Projected percentage increase in the number of individuals served in the community by Home and Community Based Services

2009	2010	2011
2%	3%	4%

The Stakeholder Committee will develop a plan of action to enhance services in underserved areas of the state by August 2009. The Committee will:

- Meet quarterly
- Identify activities and services lacking in communities around the state
- Develop and implement plans of action to enhance services in underserved areas of the state
- Review plan quarterly
- Adjust plan as needed to address changing community needs
- Report quarterly on the activities they have engaged in over the previous quarter to enhance services

Projected increase in the numbers of persons served by HCBS in the 10 most underserved counties in the state

2009	2010	2011
5	10	15

Benchmark #4: Develop and Implement Plans to Educate Consumers

To assist in rebalancing the state's long term care system, the MFP Stakeholder Committee will develop and implement plans to educate consumers of rebalancing efforts, provide information to the ADRC on available resources, and identify activities and services lacking in communities. Additionally, the committee will develop a plan of action to enhance services in underserved areas of the state.

North Dakota currently ranks in the bottom third in the nation related to spending on HCBS services. This is especially significant as the percentage of spending for LTC services in the community is only 25% of what is now being spent on institutional LTC services. The MFP Stakeholder Committee is in the unique position of having all of the needed stakeholders at the table to address the system changes necessary to address this spending imbalance. Sustained collaboration of all stakeholders will be vital to the implementation of long term changes that will optimize choice and quality of life for the citizens of the state.

The Committee will develop and implement a plan of action to educate consumers of rebalancing efforts, provide information to the ADRC on available resources, and identify activities and services lacking in communities. Additionally, the committee will develop a plan of action to enhance services in underserved areas of the state. These activities are in addition to the ongoing MFP Stakeholder Committee activity of grant protocol development and implementation oversight. The Committee will begin meeting in August of 2008 to address the education and service development plan activities. The Committee will meet quarterly and its efforts will be supported by the MFP Grant funds.

The Committee will meet quarterly for the purpose of identifying activities and services lacking in communities around the state, developing and implementing plans of action to enhance services in underserved areas of the state. The Stakeholder Committee will develop an action plan to enhance services in the underserved areas of the state by August 2009. This plan will be reviewed quarterly and adjusted as needed to address changing community needs. Committee members will report quarterly on the activities they have engaged in over the previous quarter to enhance services.

Action Plan One:

August 2009-Action Plan finalized outlining goals and objectives to enhance services in underserved areas of the state

Projected increase in the numbers of persons served by HCBS in the 10 most underserved counties in the state

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2009	2010	2011
5	10	15

According to the “Population Projections: 2005 to 2020, Leading Trends Influencing North Dakota’s Future Population” from the *North Dakota State Data Center*, North Dakota’s population grew only slightly over the past decade. The data they cited from the 2000 Census indicated that the state grew by 0.5 percent between 1990 and 2000 reaching a population base of 642,200. This is the smallest relative growth of all 50 states. The three leading trends outlined in the Center’s report that are seen to influence the state’s future population and comprise the underlying assumptions used to project future county populations within North Dakota are rural depopulation, out-migration of young adults and young families, and an increasing proportion of elderly. Based on this census information the utilization of Home and Community Based services by consumers in North Dakota counties with a population of 10,000 or less was evaluated to determine the most underserved areas of the state. The following table reflects the spending and related census information of the ten counties determined to have the most need of enhanced services based on current services provided and projected population of persons age 65 and older:

County	2005-2006 Spending on SPED, EX SPED, A & D Waiver, Personal Care, & TDI Waiver	2006-2007 Spending on SPED, EX SPED, A & D Waiver, Personal Care, & TDI Waiver	Number of persons 65 and older in 2000	Money spent per person 65 and over	Percent of Population over 65 in 2000	Projected number of persons 65 and older in 2010	Projected number of persons 65 and older in 2015
Cavalier	25,393	31,516	1,057	\$29.81	25.6%	1,148	1,220
Foster	8,053	8,983	715	\$12.57	21.7%	887	957
Grant	20,128	17,419	642	\$27.13	25.1%	707	735
Kidder	1,615	722	630	\$01.15	23.3%	683	684
McHenry	22,919	15,643	1,252	\$12.49	20.6%	1,446	1,584
McIntosh	21,503	25,993	1,008	\$25.79	34.5%	1,216	1,227
McKenzie	31,041	27,923	848	\$32.92	15.3%	1,118	1,300
Oliver	9,418	9,914	302	\$32.82	21.3%	342	423
Renville	15,144	12,734	514	\$17.74	21.5%	578	616
Sargent	18,016	12,583	718	\$17.53	18.3%	896	983

Source U.S. Census Bureau: State and County Quick Facts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report

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The numbers of individuals served in the SPED, Expanded SPED, Waiver, Personal Care, and county funded programs in the counties of Cavalier, Foster, Grant, Kidder, McHenry, McIntosh, McKenzie, Oliver, Renville, and Sargent was also examined over the last two quarters of 2007 and the first two quarters of 2008 to establish a baseline to measure the increase in number of persons served in these counties. This information was tracked using North Dakota's Social Assistance Management System (SAMS) which is utilized by all county case managers for consumers receiving Home and Community Based Services in the state. The following four tables establishes a baseline for services provided in all ten counties and will be utilized to measure the increase in the number of persons receiving HCBS in each county.

Quarter 3 07/01/07 to 09/30/07

#	County	SPED			Expanded SPED			WAIVER			COUNTY FUNDED			MA PERSONAL CARE		
		Total Cases	# New	# Closed	Total Cases	# New	# Closed	Total Cases	# New	# Closed	Total Cases	# New	# Closed	Total Cases	# New	# Closed
	Total	62	10	5	1	0	0	4	1	0	96	8	9	22	3	3
1	Cavalier	8	1	3	0	0	0	0	0	0	2	0	1	1	1	0
2	Foster	4	1	0	1	0	0	0	0	0	15	0	1	1	1	0
3	Grant	6	0	1	0	0	0	0	0	0	9	0	1	3	0	0
4	Kidder	1	0	0	0	0	0	2	1	0	0	0	0	3	1	0
5	McHenry	11	4	0	0	0	0	1	0	0	11	1	3	3	0	0
6	McIntosh	11	2	0	0	0	0	1	0	0	5	0	0	1	0	2
7	McKenzie	6	0	0	0	0	0	0	0	0	35	4	1	6	0	0
8	Oliver	5	0	0	0	0	0	0	0	0	0	0	1	3	0	0
9	Renville	5	1	0	0	0	0	0	0	0	6	1	0	0	0	1
10	Sargent	5	1	0	0	0	0	0	0	0	13	2	1	1	0	0

Quarter 4 10/01/07 to 12/31/07

#	County	SPED			Expanded SPED			WAIVER			COUNTY FUNDED			MA PERSONAL CARE		
		Total Cases	# New	# Closed	Total Cases	# New	# Closed	Total Cases	# New	# Closed	Total Cases	# New	# Closed	Total Cases	# New	# Closed
	Total	67	5	4	1	0	0	2	0	2	90	4	6	21	2	4
1	Cavalier	9	2	1	0	0	0	0	0	0	2	0	0	2	1	0
2	Foster	4	0	0	1	0	0	0	0	0	15	1	1	2	0	0
3	Grant	6	0	0	0	0	0	0	0	0	9	0	0	3	0	0
4	Kidder	1	0	0	0	0	0	1	0	1	0	0	0	1	0	2
5	McHenry	14	0	0	0	0	0	1	0	0	9	0	0	3	0	0
6	McIntosh	13	3	1	0	0	0	0	0	1	5	1	0	1	0	0
7	McKenzie	4	0	2	0	0	0	0	0	0	34	2	4	5	0	2
8	Oliver	6	0	0	0	0	0	0	0	0	0	0	0	3	1	0
9	Renville	5	0	0	0	0	0	0	0	0	6	0	0	0	0	0
10	Sargent	5	0	0	0	0	0	0	0	0	10	0	1	1	0	0

Quarter 1 01/01/08 to 03/31/08

#	County	SPED			Expanded SPED			WAIVER			COUNTY FUNDED			MA PERSONAL CARE		
		Total Cases	# New	# Closed	Total Cases	# New	# Closed	Total Cases	# New	# Closed	Total Cases	# New	# Closed	Total Cases	# New	# Closed
	Total	68	7	3	1	1	0	2	0	0	89	3	3	21	2	1
1	Cavalier	10	3	1	0	0	0	0	0	0	2	0	0	2	0	0
2	Foster	3	0	1	1	0	0	0	0	0	13	0	2	1	0	1
3	Grant	7	1	0	0	0	0	0	0	0	9	0	0	3	0	0
4	Kidder	1	0	0	0	1	0	1	0	0	0	0	0	1	0	0
5	McHenry	14	0	0	0	0	0	1	0	0	8	0	0	4	1	0
6	McIntosh	12	1	0	0	0	0	0	0	0	5	0	0	1	0	0

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7	McKenzie	4	0	1	0	0	0	0	0	0	34	0	0	5	1	0
8	Oliver	8	2	0	0	0	0	0	0	0	0	0	0	3	0	0
9	Renville	5	0	0	0	0	0	0	0	0	5	0	1	0	0	0
10	Sargent	4	0	0	0	0	0	0	0	0	13	3	0	1	0	0

Quarter 2 04/01/08 to 06/30/08

#	County	SPED			Expanded SPED			WAIVER			COUNTY FUNDED			MA PERSONAL CARE		
		Total Cases	# New	# Closed	Total Cases	# New	# Closed	Total Cases	# New	# Closed	Total Cases	# New	# Closed	Total Cases	# New	# Closed
	Total	73	6	6	3	2	0	3	0	0	94	8	4	22	0	1
1	Cavalier	9	0	1	0	0	0	0	0	0	2	0	0	1	0	1
2	Foster	3	0	0	1	0	0	0	0	0	14	1	0	1	0	0
3	Grant	6	0	1	0	0	0	0	0	0	9	0	1	3	0	0
4	Kidder	3	2	0	2	2	0	1	0	0	0	0	0	1	0	0
5	McHenry	18	1	1	0	0	0	1	0	0	8	1	0	5	0	0
6	McIntosh	13	1	1	0	0	0	0	0	0	5	0	0	1	0	0
7	McKenzie	5	1	0	0	0	0	0	0	0	36	3	1	5	0	0
8	Oliver	7	0	1	0	0	0	1	0	0	0	0	0	4	0	0
9	Renville	3	0	1	0	0	0	0	0	0	4	0	1	0	0	0
10	Sargent	6	1	0	0	0	0	0	0	0	16	3	1	1	0	0

Acton Plan Two:

April 2009-Education Action Plan finalized outlining annual goals and objectives
 July 2009-Education Action Plan implemented

Projected percentage increase in the number of individuals served statewide in the community by Home and Community Based Services.

2009	2010	2011
2%	3%	4%

The Committee will be comprised of the ND MFP Stakeholder Committee members including individuals representing Governor's Olmstead Commission, Home Health, consumers/family members, Housing Finance Agency, CIL's, Public Health, Senior Centers, Older American Act Providers, County Social Service Board Directors, Long Term Care Association, North Dakota Center for Persons with Disabilities, licensed DD community providers, and other interested parties.

The Committee will also develop a community education plan by April 2009 outlining annual goals and objectives to educate consumers of rebalancing efforts, provide information to the ADRC on available resources, and educate consumers about available community resources. Committee members will report quarterly the actions that they have taken to implement the education plan.

The goal of the state to increase the percentage of persons serviced in the community by Home and Community Based Service is based on statewide counts. It is our

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intention to increase the number of persons receiving services across the state through the implementation of our public education plan.

The number of persons that were served in North Dakota by Home and Community Based Servicers in 2007 and in 2008 is as follows:

	SPED	Ex-SPED	A&D Waiver	TBI Waiver	Tech Dep Waiver	Personal Care	DD Waivers	Total
Jan-07	1,323	115	210	27		587	2,402	
Feb-07	1,342	115	236	27		586	2,354	
Mar-07	1,321	113	235	27		579	2,399	
Apr-07	1,327	112	226	27		565	2,426	
May-07	1,410	114	232	26		606	2,467	
Jun-07	1,362	110	231	27		602	2,414	
Jul-07	1,335	113	216	27		551	2,354	
Aug-07	1,371	110	223	28	1	588	2,770	
Sep-07	1,391	105	207	28	1	584	2,916	
Oct-07	1,484	111	229	20	1	573	2,903	
Nov-07	1,424	115	219	21	1	534	2,821	
Dec-07	1,471	102	226	28	1	549	2,833	
	16,561	1,335	2,690	313	5	6,904	31,059	58,867
Monthly Average								4,906

	SPED	Ex-SPED	A&D Waiver	TBI Waiver	Tech Dep Waiver	Personal Care	DD Waivers	Total
Jan-08	1,406	106	199	28	1	559	2,871	
Feb-08	1,448	112	218	29	1	566	2,873	
Mar-08	1,457	108	220	29	1	564	2,862	
Apr-08	1,476	113	224	28	1	570	2,886	
May-08	1,459	111	217	30	1	572	2,469	
Jun-08	1,407	107	212	28	1	567	2,489	
	8,653	657	1,290	172	6	3,398	16,450	30,626
Monthly Average								5,104

Based on Early EMAR Spend downs

The percentage change in HCB services provided will be calculated based on the number of persons serviced statewide in 2007 and 2008.

Ongoing activities and accomplishments of the Committee, educational resources made available to the public, as well as, rebalancing efforts enhanced, improved or implemented based on recommendations by the Committee will be reported quarterly to the grantor.

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To: County Social Services Directors
County HCBS Case Managers

From: Jake Reuter, Program Administrator
Money Follows the Person Grant
Medical Services Division, Dept of Human Services

Date: August 28, 2008

Subject: Money Follows the Person Benchmark #4
Development and Implementation of Plans to Educate Consumers

Benchmark Counties:

Cavalier, Foster, Grant, Kidder, McHenry,
McIntosh, McKenzie, Oliver, Renville, Sargent

Directors and Case Managers,

As you may know the Money Follows the Person Grant's primary objective is to assist states with the development and increased utilization of home and community based service vs. institutional services. In North Dakota many barriers and gaps have been identified that make this objective extremely challenging. The Money Follows the Person Stakeholder Committee has been tasked with the responsibility of assisting your county with the identification of the gaps and barriers to service that you face and in the development and implementation of a plans to enhance services in your county.

It is my hope that we can partner with you and the other professionals in your county to identify what specific barriers that your county faces and the enhancements necessary to increase the choice of services in your county. These barriers will likely include the need for more Qualified Service Providers, additional affordable and accessible housing, transportation services, local medical care, and increased public awareness of the programs that you offer just to name some that have already been discussed.

We can accomplish this barrier identification process and service enhancement planning process in many different ways. It is my belief that we can develop a collaborative process that best meets your needs and the long term needs of the citizens you serve. One suggestion has been to hold a "Town Hall" type of meeting that would include you and your staff, the Older American Act provider in your area, public health staff, Qualified Service Providers, current clients, home health agencies, nursing facilities staff, medical providers, and MFP committee members etc. to begin the process. In the next few weeks, I will contact individual county directors about how they would like to get this process started.

Your county was selected based on several factors including:

- The percent of county population 65 and older

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- County population projections of persons 65 and older in 2010 and 2115
- The numbers of individuals served in the SPED, Expanded SPED, Waiver, Personal Care, and county funded programs over the last two quarters of 2007 and the first two quarters of 2008
- Approximate spending for HCBS per person 65 and older

These categories were selected as a means of establishing a baseline to measure future change per the request of the Centers for Medicare and Medicaid and were not and are not a reflection on the quality of services that you provide. The goal again is to assist the entire state increase the number of persons that we serve through home and community based services in their own home instead of institutional care.

The Committee will also be developing and implementing a statewide plan of action to educate consumers of rebalancing efforts, and identify activities and services lacking in the state. The Committee will meet quarterly and its efforts will be supported by the MFP Grant funds. We will be able to using the Grant's Rebalancing Fund money to fund such activities as recruitment of adult family foster care providers and QSPs. We will be able to fund marketing efforts to potential consumers and professionals that could identify need and refer for services. The focus is funding sustainable changes that enhance the capacity of the state to provide HCBS.

The primary work of the MFP Stakeholder Committee will be managed by a working group with all final decisions and direction for action established by the larger stakeholder committee. It is this smaller committee that will be assisting me as we work together to address your specific county needs.

Once again, this is a very positive opportunity for the State of North Dakota and your individual county to utilize the Money Follows the Person Grant process and funding source to improve services and choices. I am looking forward to working with you to achieve the individual changes that will meet the needs of your county citizens.

I can be contacted by email at jwreuter@nd.gov or by phone (Home Office: 701-724-3394, Bismarck Office: 701-328-4090, Cell Phone 701-820-0212)

Rebalancing Fund Spending Priorities Approved

The Stakeholder Committee has identified the shortage of qualified providers and the limited services available in the community as the primary barriers to achieving the capacity to provide support services at levels needed in the community. These issues encompass the need for training of service providers, recruitment of additional persons to provide services, and the development of additional services to support persons with more challenging needs. The barriers cross services for all population groups and at all levels of service. The intent is long term development of the professionals needed to support persons transitioning during and after the demonstration period. The Direct Service Worker Resource Center (<http://www.dswresourcecenter.org/>) will be used as a resource to accomplish this goal. North Dakota will address these issues with Money Follows the Person rebalancing funds, maintained in a separate fund, over the life of the grant in the following ways:

Develop recruitment processes to attract new providers for all population groups. This will be accomplished through activities such as:

- Provide informational sessions around the state that would outline the process for becoming a Qualified Service Provider (QSP), define the role of a QSP, and, describe the opportunities available in the state. This process will involve Medical Services Program Administrators establishing a series of informational sessions around the state each year. The sessions will be advertised using public service announcements. The process and informational modules will be developed for long term use in the state's QSP recruitment efforts.
- Fund the Direct Service Professional (DSP) recruitment efforts of state DD service providers. This will involve contracting with a consultant or other services to develop sustainable recruitment strategies. This may include such activities as TV advertising and provision of informational sessions at high schools and colleges, and other locations. The North Dakota Association of Community Facilities will work with the Governor and the Lieutenant Governor about the importance of professionalizing DSP's. NDACF is exploring the possibility of North Dakota Job Service collecting statewide data on DSP's rather than combining DSP data in a more generic class. NDACF is conducting a wage comparison study, and a staff turnover study, which we will use in developing our platform to bring to the 2009 legislative session, to improve wages and benefits. A second wage comparisons study will be likely after the minimum wage increases in July. Increased wages and benefits will come in the form of a request for alternative funding during the 2009 legislative session. The process will continue in the 2011 legislative session as well to address the ongoing issue of wages and benefits.

- Fund Adult Family Foster Home recruitment efforts by the Department and county social services boards. These efforts will include public service announcements, brochure development, and advertising. This process will be targeted around the state in both metropolitan and rural areas.
- Implement public education strategies to communicate / market the HCBS services available to support continued community residence. This will involve the development and implementation of a marketing plan and/or process that can be utilized around the state.
- Provide/fund a small demonstration grant to a nursing facility to provide personal care in the community. In many of the small ND cities the local nursing facility is the only resource for services of any kind. Current reimbursement rules for nursing facilities create disincentives for nursing facilities to provide community based services such as personal care or other Home and Community Based Services. In addition to the limited population in these communities most qualified care givers are employed by the local nursing facility. To address the reimbursement structure issues that these facilities face a grant would be offered that would allow a nursing facility to offer community based services without compromising their financial situation. This would also provide them with the opportunity to expand their scope of practice and support efforts of the policy changes necessary to make the provision of personal care or other related service a viable means to support persons in the community.

Grants would be structured to address the administrative and care requirements of expanding services while at the same time utilizing the current rules and regulations, and funding related to the provision of QSP services.

- Fund recruitment and training efforts for guardians or potential guardians. The intent is long term development of the professionals needed to support persons transitioning during and after the demonstration period.

North Dakota has developed a corporate guardianship service to provide guardianship support to persons with a developmental disability that do not have the capacity to make their own decisions. This is an effective alternative when family and/or friends are not available or willing to serve in this capacity. It would be the preference of the ND courts to appoint a family member or concerned friend if that was possible. Many times family and/or friends are uncomfortable or lack the needed information or training to provide this assistance. The intent would be to develop a recruitment and training process to identify and educate persons that could provide the needed support of guardianship for persons transitioning from the Developmental Center or a community ICF/MR facility as well as for persons that are transitioning from a nursing facility.

This process would be developed and offered in support of persons transitioning from an institution. The intent would be to develop a training/education process that could be used by institutional providers and community service providers be more successful in guardian recruitment. Once developed it would be useable on an ongoing basis.

- Develop training processes for service providers of all population groups. This will be accomplished by: a) provide training opportunities to service providers in relation to positive behavior interventions to meet the needs of higher need individuals transitioning to the community. To support the efforts of service providers to develop the skills necessary to serve persons with the most significant disabilities specialized training opportunities will be developed and provided. This training will be in addition to the current training curriculum offered to DD provider staff at this time.
- Provide training for individuals to become or to continue as a qualified service provider as defined by N.D.C.C. 50-06.2-02(6) and to provide training to nurses who will provide the training to individuals to become or continue to as a qualified service provider. The QSP recruitment efforts planned are designed to increase the number of providers. This increase in providers will necessitate the demand for training resources and opportunities.
- Develop Behavior Crisis Intervention and Coordination teams and services in ND to provide training, onsite support, and crisis intervention placement services to persons with a developmental disability.

This initiative will be implemented in 2008 by the Department of Human Services in cooperation with the Developmental Center Transition to the Community Task Force. The crisis intervention services will be funded with money authorized by the ND legislature to support transitions from the Developmental Center to the community during the 2007 legislative session. Implementation at this time will provide real time information about service delivery costs and benefits of this service model.

The information will to be used to promote long term funding approval from the ND legislature for the Crisis intervention teams and services during the 2009 legislative session. Rebalancing funds will be offered to the legislature as an incentive to offset some of the initial state funding requirements with the goal that the legislature will fully fund the crisis intervention teams for long term.

Over the long term it is proposed that the crisis intervention services be financed through the DD Waiver as an administrative service. While this limits FFP to 50%, providing it as a waiver service would likely not enhance funding: As a result:

MFP Stakeholder Committee Minutes

- Only services to individuals for whom it is prior authorized could be billed
- Billing would likely need to be for specific services components at 15 minute units
- Rate-setting would be difficult
- Billing/accounting would be burdensome
- Educational/prevention activities not specific to an eligible individual could not be billed/reimbursed.

A method to assist the Crisis Intervention team is for providers to send staff with the person in crisis. This may allow the provider to be paid for the open bed while the person they support is in the crisis unit. If the provider does not send staff, payments to the residential provider would stop.

The Transition to the Community Task Force of the ND Developmental Center has developed long term plans to develop provider/community capacity. The Task Force plan is included for a better understanding of community capacity development actions that will be taken including the entire Crisis Team intervention initiative that will be implemented in 2008. Reference is invited to Appendix J for a full review of the Developmental Center Transition to the Community Task Force Plan.

MFP Stakeholder Committee Minutes

Information Sent to Stakeholder Committee Members After the Meeting:

MFP Stakeholder Committee Members:

Please review and respond to the following categories with any suggestions or recommendations that you may have for the development of the Statewide Education and Marketing Plans for Benchmark Number Four.

Primary Goal

Increase the number of individuals served in the community by Home and Community Based Services across the state

Categories:

- 1. Identify potential individuals/profession groups to target to prompt use of Home and Community Based Services-**
- 2. What types of marketing/education strategies do you think would be effective in reaching the persons you identified in category one or to increase the utilization of Home and Community Based Services**
- 3. What goals and objectives would you suggest that we set as we work to increase use of Home and Community Based Services**
- 4. What other steps do you think would be helpful to increase use of Home and Community Based Services**
- 5. What steps would you suggest to evaluate the needs of the underserved counties, populations groups, and tribal communities in the state?**
- 6. What action steps or strategies would you recommend to enhance services the underserved areas of the state**

GAPS AND BARRIERS LISTING

MFP GOALS AND BENCHMARKS WORKGROUP 8/10/08

- Lack of human resources to provide care (Qualified Service Providers, Certified Nursing Assistants, Direct Support Professionals, Adult Family Foster Homes, Nurses)

Action Plans:

Develop a comprehensive recruitment plan seeking persons interested in becoming care providers within the care continuum. This plan would attempt to assist interested persons in identifying the population group that would like to support and type of support they would like to provide. (DD, HCBS, QSP, DSP, Adult Family Foster Care, CNA) and want environment that is of most interest to them (Home, Foster Care, Nursing Facility, Group Home, in home care etc)

Develop Competitive reimbursement for direct support staff in all HCBS services and community DD services as well as for all services within the Long Term Care Continuum.

Cooperate with the Olmstead Plan Workforce Development Committee

GAPS AND BARRIERS

Support work that the (Medicaid Providers) DD Providers/LTC Association is doing to pursue additional wage increases in the next legislative session.

Work to include all provider groups for the increases including the state QSPs

The organization of the QSPs would likely lead to increased influence related to more competitive reimbursement and professional development opportunities

Evaluate need for “required training” and/or increased utilization of available training opportunities available through Lake Region nurses

- Medically needy spending limits

Action Plan:

Support the presentation of an Optional Adjustment Request (OAR) by the Department of Human Service during the 2009 legislative session to increase the medically needy spending limits

It is noted that SSI recipients currently are allowed to keep all of their SSI checks and it was hoped that the medical needy spending level could be brought up to that level if not higher to allow people to live in the community.

- Presumptive MA eligibility

Action Plan:

The MFP Program Administrator was requested to discuss the action necessary to address the development of presumptive eligibility with medical services administrative staff to identify what action would be needed to establish presumptive eligibility.

- Transportation: both rural and metro area (availability and convenience)

Action Plan:

The Department of Transportation currently provides a website with all OAA providers listed and their routes.

AARP is currently working with DOT and other state agencies to develop two regional pilot projects to begin coordinating transportation. Legislative action is needed to establish the pilot projects and funding will be pursued in the 2009 session. This would start with state agency transportation resources with the goal of developing regional transportation plans to improve efficiency and effectiveness of current resources.

GAPS AND BARRIERS

Track the transportation with DOT will be important so that it can be communicated to the legislature. Without data it is very hard to convince the legislature of the need.

- Long term support of "One Time Moving Expense" Program

Action Plan:

The "One time Moving Expenses" process that is being established by the MFP grant for persons moving from institutional levels of care will continue to be needed after the grant and for persons that do not meet MFP eligibility. The committee recommended that this benefit be pursued beyond the grant

- 960 unit cap on Personal Care Service. If individuals can only receive services that total less than 960 units per month, it forces them into institutional care. The cap should be the same level as institutional care.

Action Plan:

The possible development of an OAR to fund a third tier of care (10 hours per day) has been discussed with the Department of Human Services. If an OAR is

developed and considered by the 2009 legislature the committee would support its passage with the advocacy groups working for its approval.

- ISLA Funding regional funding support and waiting periods and administrative disincentive for high need consumers.

Action Plan:

Support the current review and amendment process to change the appropriate administrative rules that create a disincentive for Independent Supported Living Arrangement placements for persons with higher levels of need.

Support additional funding for ISLA placements in ND during the 2009 legislative session.

- Limited service availability in rural area of the state

Action Plan:

This issue will be addressed partially as part of the development of a comprehensive recruitment plan

Efforts to identify who is not being serviced at this time would be helpful in identifying what services persons are not receiving- It was recommended that

GAPS AND BARRIERS

Options for tracking who is not being served, why they are not being served, and what services that they needed be considered The MFP Program Administrator will discuss this with Medical Services HCBS staff.

Work with the Workforce Development office of the Dept of Commerce to address issues of underemployed population groups including persons with disabilities. Larry Anders of the Dept of Commerce is on the Olmstead planning group and maybe able to assist with the issue.

- Affordable, Accessible, Available Housing Choices

Assisted living is not paid an option at this time-no way to pay for the costs at this time

Rent vouchers normally require long wait

Low income housing is more available sometimes in rural areas

Action Plan:

The Housing Workgroup will be working with the ND Housing Finance Agency to increase the tax credits for developing housing.

MFP is participating in the ND Housing Trust Fund Alliance at this time for the purpose of support legislation to support the development of a Housing Trust Fund in ND. The fund would one avenue to support the development of housing to meet the needs of persons that are aging and with disabilities.

The use of section housing vouchers for purchase of a home is an option in Grand Forks and Cass Counties at this time.

- Affordable Assisted Living

Action Plan:

Pursue state/federal financing supported of assisted living placements similar to Basic Care (Rent and service costs)

Work to develop financing options for construction of assisted living facilities that will make rent affordable for persons on Medicaid. The state of Iowa has effectively developed this and Technical Assistance would be available to consider the strategies that they have utilized to accomplish this goal.

GAPS AND BARRIERS

- Lack of Home Modification support if you do not own your own home.

Action Plan:

Consider development of tax credits for landlords that provide modification to apartments and for persons that modify their own homes to be accessible and “visitable”

The Rebuilding Together Program offered in Bismarck and Fargo has been effective and could be considered as a model for expanding the service

- Lack of Public Awareness of Financial planning necessary to meet Long Term Care needs

Action Plan:

Consider the development of an education plan for ND citizens to address financial planning needs

Contact the Governor’s office related to his project “Own Your Own Future” designed to encourage persons age 50 and over to begin financial planning for their future and offered a kit to assist with the process.

See assistance and information from the Partnership Program that has been developed related to long term care insurance. It was suggested that this program be discussed at the next Stakeholder meeting.

- Lack of Public Awareness of Community services available in the Home

Action Plan:

The ADRC could play the key role in this communication process if grant funding is approved.

Rebalancing Funds need to be directed for this process as part of Benchmark #4 for increasing utilization of HCBS in the state over the next 3 ½ years.

Marketing process needs to be developed that will reach potential consumers as well as the professional that have the most awareness of potential consumer needs and service options/alternatives available. This would assist in helping persons maintain residence/independence in their own home longer.

GAPS AND BARRIERS

Persons other than the potential consumer that could be provided with HCBS options marketing information include pharmacists, children of aging parents, physicians (ND Medical Association), clinic staff, hospital staff, home health agencies, senior center staff, Older American Act staff, parish nurses, and county eligibility staff, law enforcement, Public Health agencies, hospital discharge planners, Regional Aging Council Members

Public Service Announcements could be used but it was also noted that paid advertising will also be needed to effectively communicate service availability.

- a) How many people really know what services are available?
 - b) How many people know how to get services?
 - c) People have a difficult time asking for assistance
 - d) Getting in-home assistance earlier would delay nursing facility admission as this would be the most responsible action and would minimize use of public services
- Lack of Time and awareness of NF alternatives by Hospital discharge planners

Action Plan:

If the ADRC Grant is approved a Person Centered Planning Process for Hospital Discharge Planners will be provided

Provide education about available community services

Review "time pressure" discharge planners must deal with related to arranging for community services, ramps, bathroom accommodations etc. to address alternative action step after nursing facility placement occurs such as: Planned follow-up within 2 to 3 months after a Nursing Facility admission by (screening agency?) to address if community alternatives have been offered or evaluated.

Evaluate changes to Resident Rights Documents addressing right to have community options discussed.

- Opposition by family members:
 - a) Fear of their family member failing in the community
 - b) Concerns about family member not being able to get back into the nursing home if they are not successful in the community
 - c) Large cities do not have the frequent openings if someone would need to return- would likely have to move to a NF in a surrounding community.
 - d) More frequent hospitalization tends to occur for individuals living in the community-Higher utilization of services by HCBS recipients
 - e) Some HCBS recipients are barely able to maintain in the community
 - f) Concern about risk-Need to minimize risk as much as possible

GAPS AND BARRIERS

- g) Would need to refer to P/A or Ombudsman Office for assistance to assure that individual has opportunity for an informed decision
- h) May need to assume family will not be part of the natural support system

Action Plan: No formal plan developed at this time

- Centers for Independent Living staffing levels and limited coverage

Action Plan:

Secure funding to pay for services if the MFP participant does not move
Support increased capacity development and funding for state CILs

- Develop a plan for self-directed support options for Aging and Disabled waiver

Action Plan:

Seek Technical Assistance from CMS/Technical Assistance agency related to the development of self-directed supports
Discuss support for the consideration of self-directed supports this with Medical Services

- Non-medical transportation availability

Action Plan:

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Evaluate the nature of current waiver service and the lack of use of this service in the state

- Limited community activity-Concerns about isolation

Action Plan:

Work to support the development of transportation options

- Limited number of Adult Family Foster Homes

Action Plan:

Develop marketing plan with counties as part of a comprehensive recruitment plan to seek new support providers (Grand Forks is currently implementing recruitment effort)

DHS is working to address issues related to access and availability of respite care hours and reimbursement for services

GAPS AND BARRIERS

- Only county Social services provide case management or authorize services in North Dakota at this time. Others can provide these services if they meet the necessary qualification requirements.

Action Plan:

The Interim Final Rule related to Targeted Case Management is to be evaluated to determine the right to choose case management providers and the right not to have a case manager. Medical Services Division is currently working with CMS related to this issue.

- The reimbursement for case management services is of concern as many counties are providing additional funding to provide Case Management

Action Plan:

Payment process is currently being reassessed as the result of the IFR on Case Management

Consider alternatives such as reducing co-pay or Recipient Liability for alternative case management or self case management

- In need of a single point of entry for services:

Action Plan:

Grant application submitted in July 2008 for the purpose of developing an Aging and Disabilities Resource Center. (To serve all income levels)

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- Home service workers often turn down a client who lives 20 or 30 miles away because they don't get reimbursed for mileage or drive-time. QSP cannot bill for mileage as they it is "built into their rates"

Action Plan:

Address travel pay as part of the effort to secure/assure competitive reimbursement for services provided.